

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 05/13/08

Address: NORTH ST W/OF SHERMAN ST

Case #: 22-43129

LAGRANGE, IN 46761

County: LAGRANGE

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☒ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

☒ Lithium/Ammonia Reaction(s): CAB OF TRUCK

☐ Red Phosphorous/Iodine Reaction(s): _____

☒ Flammable Solvents: CAB OF TRUCK

☐ Water Reactive Metal (Lithium): _____

☐ Anhydrous Ammonia: _____

☒ Hydrochloric Acid Gas Generator(s): CAB OF TRUCK

☐ Corrosive Acid: _____

☒ Corrosive Base: CAB OF TRUCK

☐ Other (item and location): _____

*MOBILE LAB

Child under age 18 discovered (check one)

- ☐ Yes 2 (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: LAGRANGE FD

Fax: 260-463-7306

Health Department: LAGRANGE COUNTY

Fax: 260-463-4189

Child Protection Service: _____

Fax: 499-4189

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: BRANDON DAVENPORT Phone: 260-435-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

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